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Original Department.

Lectures.

LATERAL CURVATURE OF THE SPINE.

By Prof. Louis Bauer, M. D.,
Of Brooklyn, N. Y.

[Continued from page 18.]

Scoliosis.

The history of spinal supporters is the same as we have mentioned with reference to the orthopædic bed. They were originally rude, and constructed for longitudinal extension. The head was suspended by a steel spring, ascending on the back from the belt and fastened to the upper extremities. Hopard was the first who constructed a spinal supporter on the principle of lateral pressure and counter pressure. (fig. 78.) Tavernier*

Fig. 78.

speaks of its efficacy in high terms of approval. Nevertheless, Hopard's Inclination-belt has fallen into disuse by subsequent improvements. To enumerate all the inventions in this line would be an ungrateful task, and scarcely realize the value of our time. All of them can be reduced to the same principle of lateral counter-pressure, to which the support of the arms is added. We beg to lay down the rules for the proper construction of the like apparatus.

1st. An accurate cast of Plaster of Paris taken of the patient is indispensably necessary to give to the supporter *a perfect fit.*

2d. The pelvic belt being *the mechanical foundation of the apparatus*, should be most accurately adapted to the pelvis, according to the suggestions made on a former occasion. Most instruments are deficient in this point and lose their usefulness in proportion, however ingeniously constructed otherwise.

3d. Two pads intended to support or press upon the deviated portions of the spine and ribs. They should not only fit well, but likewise move on their respective supporters, so as to remain in place though the body may alter its position.

4. The brace, or braces, for the pads should be adapted to the deviation of the spine and to the form of the trunk in general.

Some surgeons give the braces the elasticity of a spring, others move them by endless screws, but most make them stationary. The last mode we prefer, as it does not interfere with the stability of the apparatus. To act by a sufficient pressure, so as to diminish the tension of the curvatures, whether by springs or endless screws, seems to be utterly impracticable. At any rate, we have observed that it affects only the position of the belt and not the deformity itself, more especially if but one pad is set in operation. The reason is plain. For either spring or endless screw, you require a firm point from whence they act, which the belt cannot afford. The resistance to be overcome by such action, is conjointly effected by the superincumbent weight of the body and the destination of the spine, against which the best adjustment and the greatest possible solidity of the belt is no mechanical counterpoise.

All we may reasonably expect from a spinal supporter is to prevent the progress of the deformity, and retain the same in *statu quo*. Our esteemed friend Barnhard Brodhurst, Esq., the studious and talented surgeon of the Royal Orthopædic Hospital, of London, has recently suggested

* Notice sur le traitment des difformités de la taille on moyen de la ceinture sans lits à extension ne bequillas. 1841.

a spinal apparatus * with a view of accomplishing thereby radical relief from scoliosis. He gives the following description of the same:† "The instrument, to which I desire to direct attention, consists of a frame and a lever, and loops upon it. The frame is formed of a pelvic hoop (belt), of crutches springing from it, and rising to the axillæ, and of a connecting dorsal band, which uniting the crutches is placed at the superior extremity of the primary curve. This forms a frame which cannot tilt. The crutches are made to lengthen, and the dorsal band is also moveable, so that together or separately they may be raised as the curve is opened. Upon the centre of the dorsal band a lever moves on its axis. It is moved by means of a long screw, which is attached to the pelvic hoop and rising to the top of the shoulder is connected to the shoulder sling or loop. This shoulder sling is formed of a ring of gutta percha, it is accurately moulded to the shoulder, and lies upon the clavicle, the scapula, and the superior ribs beneath the axilla. It is placed on the shoulder, which corresponds to the concavity of the primary curve. The convexity is supported by a large pad, which embraces all the ribs that are connected with the vertebral curve. This pad is attached to the lever by a short arm which may be shortened as the curve is opened."

Brodhurst relates some cases successfully treated by the apparatus and exemplifies the amount of relief by diagrams taken from life. At first sight it seems almost incredible that a radical cure could be achieved in the erect posture and by so slender means as the lever and the shoulder hoops. Yet Brodhurst is an accurate observer, and a truthful recorder of facts. Without deliberate reflection and diligent test, no doubt should be attached to his statement. We therefore deem it but proper to enter on this occasion into a careful criticism of Brodhurst's spinal apparatus, for which so important qualities are claimed by its inventor. With laudable modesty Brodhurst acknowledges his indebtedness to Guerin and Lonsdale for the idea of unbending spinal curves; to Mr. Evrard he accords his share in the construction.

Now, gentlemen, in placing this apparatus (fig. 79) before you, it may seem as if it did not differ from the usual spinal supporters. A closer inspection can not, however, fail to arrest your attention with reference to some material modifications and alterations of the usual type.

There is the belt, the pad, and the crutches, as in others. You notice, however, that the crutches are connected with a cross-band which gives an unusual degree of firmness to the apparatus.

* On Lateral Curvature of the Spine. London John Churchill.

† Page 54. *Ib.*

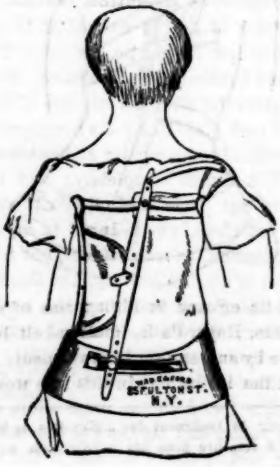
Fig. 79.

Again, whilst in most others, the dorsal brace is stationary, the lever in Brodhurst's instrument moves on a pivot with great power, actuating simultaneously the pad and shoulder-hoop, and thus operating in opposite directions. Whilst, therefore, the pad is brought to bear upon the dorsal curve through the ribs, the opposite shoulder is lifted and drawn to the other side, by which the weight of the spine is changed to the opposite side. The modus operandi of the instrument is therefore equal to the antiplastic movement of Werner, which in fact it renders permanent.

From the value which we have attached to the antiplastic manipulation of the latter, you may infer our estimation of the practical utility of the apparatus. But in order not to overrate its serviceability, you should bear in mind, that it can only affect the curves as long as the spine has retained its flexibility.

We have had occasion to employ the apparatus

Fig. 80.



in some incipient cases of scoliosis and can bear testimony to its practical value. This diagram (fig. 80.) exemplifies its application upon a patient.

In the third degree of scoliosis, the extent and character of the deformity admit of but slender hope for improvement, if any. Our therapeutical object is to re-establish flexibility of the spine and mobility of the ribs by all the means at our command. For if the interested portion of the skeleton is unchangeably fixed, no alteration of curvature can be effected.

For this purpose we employ Buehring's reduction apparatus, during night and day; use powerful frictions of the back with phosphorated oil, apply a strong current of galvanism in order to invigorate the degenerating muscles and resort likewise to the antiplastic manipulations of Werner. If we succeed in rendering the spine and ribs again moveable, we treat the case as advised under the previous degree. Should, however, the case resist all our persistent efforts, then it may be advisable to prevent its advancement by an appropriate spinal supporter.

A completely confirmed scoliosis with anchylosis of costal articulation and the intervertebral unions is equally unsusceptible to amendment or advancement.

The fourth degree is therefore, and in a therapeutical point of view, "*noli me tangere.*"

Communications.

A SELECTION OF REMARKABLE CASES, Occurring in a Practice of Eighteen Years.

By E. N. CHAPMAN, M.D.,

Prof. of Therapeutics, Materia Medica and Clinical Obstetrics in the Long Island College Hospital, Brooklyn, N. Y.

(Continued from page 82.)

Spontaneous Evolution, (Pelvic.)

In the winter of 1851, I was called to a young woman in her first labor, who, for more than two days had had a midwife in attendance. Her pains, active and powerful after the rupture of the membranes, that took place thirty-six hours previously, became eventually less regular and energetic until they subsided almost completely; and now the patient worn out by ineffectual efforts and long-continued sufferings, was reduced to an extreme state of exhaustion, as was evident, not only from the cessation of uterine activity, but also from the constant retching and vomiting, the restlessness and jactitation, the dark, suffused countenance and rapid, running and flickering pulse.

On examination the right shoulder and arm of the child were found in the excavation, its back toward the pubes, and its head to the left side of the mother, resting above the rim of the superior strait on the ramus of the pubic bone. The shoulder was not crushed down as low in the pelvis, as usually is the case in such a presentation left to itself, but drawn closely to the left side; and the body extending toward the right sacro-iliac synchondrosis and doubled forward on itself, had been forced below the superior strait, allowing the scapula, spine and back portion of the ribs to be reached by the finger. In other words the child seemed to lie very nearly in the oblique diameter of the upper strait with the shoulder and back part of the chest below the linea ileo-pectinea. The os uteri could not be felt by the finger.

To confirm my diagnosis and make surety doubly sure, I now pulled down the arm and thus made myself certain of the presenting part by ocular inspection.

Not supposing that Nature would come to my aid, I left the house to obtain an assistant and also to procure my instruments. On my return in half an hour's time, I discovered that in the meanwhile, the pains had become expulsive and of considerable force; and by an examination, that the right buttock was distending the perinæum as in an ordinary breech presentation and that the arm had receded within the pelvis. Without any interference on my part, other than a gentle traction with my finger in the groin, the child, which was dead, was born in a few minutes. The process was extremely rapid and no unusual distention of the perinæum took place.

After a short respite, a second child, presenting the breech, was born dead. The woman by her reckoning, and from the maturity of the children, had attained the full period of gestation. I regret that from neglect I am unable to state the weight of the children accurately; though in both, I should think, it was between 4½ and 5½ pounds.

Had I not witnessed the change of position effected in this case by the natural resources, the possibility of spontaneous evolution at the full term of gestation would have always been to my mind problematical. It is certain that under the most favorable conditions, when the pelvis is roomy and the child small, this result is not to be expected or waited for, but that it can and has happened many times, as recorded by writers, I must now believe.

Two theories have been advanced in explanation of the mechanism by which spontaneous evolution takes place; the older, that of Denman, who was the first to describe and illustrate the process, was that the shoulder being driven against the unyielding sides of the pelvis, gradually in the periods of uterine relaxation, slid upward into the cavity of the uterus, taking the place of the breech, which in an equal degree slipped down into the excavation. In other words he supposed the child

to revolve as on an axis, the buttock and shoulder eventually changing places; when the labor was completed in the same manner and with as little delay as in an ordinary breech presentation.

This theory of Denman's was universally accepted by the profession, until it was called into question by Dr. Douglass in 1811, who proved, as it was thought, satisfactorily, that the explanation, offered by this author of the phenomenon, was incorrect, and that the presenting part could not return into the womb, when this was condensed and powerfully contracted, and thus allow the breech to glide into the excavation; but that the shoulder after many and powerful pains became fixed under the pubic arch, by which means the acromion process was thrust into the vulva and the neck against the inner face of the ossa pubis, when, through the slight additional space thus given, the body of the child revolved on this fixed point as a fulcrum and was born by its coming down the pelvis doubled on itself and passing the vulva en masse without any change in the position of the shoulder, thus necessitating a frightful distention of the perinæum. In other words the shoulder is partly born, when becoming arrested by the neck impinging on the pubic bones, the fœtus revolves around this fixed point, and at the birth its entire body comes into the world at the same time.

It is not for me to deny that the process delineated by Dr. Douglass can take place, though I must confess that my doubts amount to an unbelief in this explanation of the act of evolution at the full period of gestation. It certainly seems impossible and I am certain that the evolution in the case related above was not effected in this manner. The woman was exhausted, almost in a moribund condition, the real pains of labor had died away, leaving only unequal irregular spasmodic contractions in their place. The shoulder was not under the pubic arch, and when, on my return to the house, the pains had recommenced, the shoulder was not to be felt, the arm was drawn up and the breech passed the perinæum, rapidly and with the greatest ease. In fact if at this stage I, for the first time, had seen the case I should never have suspected that it was other than a breech presentation.

It appears to me, that, as the child's neck rested on the ramus of the os pubis and its head extended into and was bent toward the abdomen by the neck of the womb, and as the side and back of the chest projected below and extended across the superior strait to the sacro-iliac symphysis, and as the buttocks were embraced by the opposite point of the neck; the irregular, spasmodic and cycumgyrating contractions of the uterus, but more especially of its neck, during the respite from true labor pains, changed the position of the child—elevating the head and shoulders and equally depressing the breech into the pelvis—when the pains were renewed. Judging from my observations in this case, I should say that spontaneous evolution, whether pelvic or cephalic, could occur in no other way, and that it must take place during the absence of the regular labor pains, by the unequal muscular action of the uterus or its neck shifting the position of the child.

Observations on NERVOUS DEAFNESS.

By Laurence Turnbull, M. D.,
Of Philadelphia.

(Continued from page 356, vol. ix.)

Pathology.

Owing to the difficulties in making anatomico-pathological investigations of the internal ear, but little light has been thrown upon the diseases of the membranous labyrinth. Joseph Toynbee, has made the greatest number of sections of the ear and states that the occurrence is very rare of disease of the labyrinth, for this reason: that ulceration of the mucous membrane of the tympanum, is far from a common disease, while, under the influence of chronic inflammation and of the secretion collected in the tympanum, the membranes, both of the fenestra rotunda and ovalis become thickened and turgid. Mr. Toynbee in his late work, has met with one case in which there was ulceration of the membranous labyrinth, he also reports four other cases. In two of them, the labyrinth, became carious or necrosed and the dead bone discharged without the production of any symptoms of cerebral disturbance. The first occurred under the care of Mr. Hinton in a man æt. 55, who suffered from a discharge from the right ear for some years, and at last the cochlea was discharged entire. The second case occurred to Mr. Shaw, in a boy æt. 7 years, who had suffered from otorrhœa in both ears, following a severe attack of scarlet fever, which he had two years and a half before. He had paralysis of the muscles of the left side of the face; for a year he had been completely deaf in both ears. The greater part of the petrosal portion of the temporal bone, including the meatus auditorius internus and labyrinth was removed by the forceps being separated by necrosis. He entered Middlesex Hospital, in July 31, 1856, and was discharged by the end of September. The ulcer in the tube cicatrized with the paralysis of the face and deafness, and with a trifling discharge from both ears, but otherwise in good health. In the other cases death resulted, the brain becoming seriously involved.

The following most interesting case, which also recovered, is quoted from Mr. Wilde. He says: "I am indebted to Sir Philip Crampton

for an examination of one of the most extraordinary pathological dissections of diseased bone, perhaps in existence, consisting of the entire internal ear, cochlea, vestibulum, and semicircular canals, with a small portion of the inner wall of the tympanum, which he drew forth from the meatus of a young lady, who, after the most urgent symptoms of inflammation of the brain, with paralysis of the face and leg, and total deafness of one side, recovered from the bad symptoms and the paralysis of the extremities after a copious discharge from the ear."

The following are the results obtained by Mr. TOYNBEE in fifty-four ears, (Nos. 711–793 and 755–770 must be abstracted, because they refer not to the "inner ear" but to the tympanum and the membrane of the round window:) "Atrophy of the auditory nerve, thirteen times, (and only in subjects between the ages of sixty and ninety years;) defective formation and diseases of the membranous and long semicircular canals, black pigment in the cochlea, narrowing in the scala-cochleæ-vestibule, abnormally abundant ear sand, once blood in the vestibula, once in the cochlea and in both ears of the same individual, dark spots on the spinal membrane (after a fall on the head, which had happened many years previously with ensuing deafness.") Only a few of the cases examined were known to be deaf during life, and for practical purposes but little is obtained, as the attempt was never made to diagnosticate any one of the changes in the labyrinth or the previous existence of functional disturbance of the auditory nerve during life. Mr. T. simply states that the patient was deaf in No. 724. In No. 736, "semicircular canal distended with otoconic, deaf and dumb." No. 746. "A portion of the cochlearis muscle enlarged, from a man æt. 48, deaf." No. 757, 758. "In each ear the membrana fenestræ rotundæ is thick and opaque. History—male, æt. 74; had been growing deaf for six or seven years; sometimes, as during a cold, had a humming noise in the ears, not in the head, also at times a pain running up in the left ear; he could hear the watch with pressure."

No. 759–760. The membrane of the round window or fenestra rotunda ossified and covered in its cochlear aspect by a deposit of osseous matter; the vestibule and cochlea contained a sanguineous fluid and their blood-vessels were greatly distended with blood—portio mollis nerve not seen. History—male, æt. 56, *insane:* so deaf that it was impossible to make him hear. Deafness hereditary, and also insanity on both father's and mother's side. It is not known whether he was born deaf, indeed it is said that he was able to read, but a sister was born deaf.

No. 762, (should have been classed with diseases of the middle ear.) No. 771. A tumor from the left ear of a man æt. 60, partially deaf. "It is attached to a portion of the nerve supplying the vestibule. Under the microscope the tumor presented nerve tubes, parallel fibres, and nucleated cells. The right ear was healthy."

No. 772, 773. "The ear from a woman who died from serous apoplexy with aneurism of the basilar artery. She was quite deaf. Each auditory nerve atrophied."

No. 776, 777. "From a woman, æt. 70, had been hard of hearing during many years. Latterly it was with the greatest difficulty that the voice could be heard through a speaking-trumpet. The auditory nerve atrophied, and less white than natural; membranous labyrinth atrophied."

No. 782, 783. "From a man, æt. 97, who had become gradually deaf many years ago. He was entirely deaf on the left side; could hear a loud voice close to the right ear. In each ear the membranous labyrinth appeared to be atrophied."

No. 784, 785. "From a man æt. 62, who had been deaf for twenty years. He required speaking to in a loud voice close to the head. Was worse during a cold. The membranous labyrinth was so much atrophied that its presence was scarcely to be detected, it having become one with the periosteal lamina. The otoconic was absent. On the tympanic surface of the lamina spiralis of the cochlea, external to the denticulate process are dark granules, which are aggregated into a thick band beyond them. The nerves distributed over the lamina spiralis appeared to be diseased."*

Dr. VOLOTOLINE, of Silesia, who considers all the methods of dissection of the labyrinth as imperfect but his own, has published two cases of dissections of diseased organs of hearing, sent by Dr. COHN, of Breslau, with a history of the diseases. He observes, that he regretted that he had not an opportunity of examining any of the cases during life, and, therefore, he cannot give any positive information in regard to the auditory capacity. He further observes, that "The absence of an examination by the ear speculum and catheter during life, must not be over-estimated. This deficiency can be compensated, in a great measure, by post-mortem examinations. It is certain that most of the morbid changes, caused by disease, which can be discovered during life, by means of the speculum, auscultation, and percussion, can also be demonstrated upon the cadaver." His method is as follows: "I insert one end of a catheter into the tuba Eustachii, and let an assistant blow through it, while I apply the end of the diagnostic pipe described by KRAMER.† This is the

* A Descriptive Catalogue of Museum of J. Toynbee. J. Churchhill, London, 1857.

† Deutcher Klinick, No. 52, 1858.

'otoscope' of Toynbee, with two nozzles or arms to the external meatus, the sounds which occur in the tympanic cavity can be very nicely auscultated and observed."

Case I.—Organs of a laborer, æt. 41. Died of phthisis pulmonalis and marasmus. There had been only partial deafness or difficulty of hearing; (we only give the dissection of the internal ear). Left ear, chorda tympani destroyed; nervous acousticus within the porus acousticus covered with numerous blood-vessels; nervus facialis, from the flexure outward, reddened and surrounded with pus; right ear nervus acousticus wanting in the labyrinth, which in other respects is normal; at all events, the nervus acousticus was torn off upon removing the brain from the cranial cavity, a circumstance which can easily happen, otherwise the absence of that nerve would be difficult to explain, as it could hardly be absent during life, as in that case the patient would not only have been hard of hearing, but deaf, particularly as he could not hear much with the left ear. [I do not consider this dissection of the labyrinth at all satisfactory.]

Case II.—Otitis interna in a laborer, æt. 35, who also suffered from phthisis pulmonalis. Facial nerve unimpaired; difficult hearing, said to have been the result of a wound. "Chorda tympani in its whole course through the tympanum gone."

Labyrinth.—Superior and posterior canals normal, but their openings into the vestibulum closed by the thickened ampullæ, as is also that of the horizontal canal. In the vestibule is a thickened, white mass, traversed by blood-vessels, which obscures the view of the base of the stapes, to which it adheres, and prevents it from falling out of the fenestra ovalis. This mass, likewise, prevents the view into the cochlea, (scala vestib.) Removed, it feels partly hard, partly gelatinous, and is difficult to compress. Under the microscope, it appears as thickened areolar tissue, and reveals pus corpuscles and innumerable otolithes, (the degenerated ampullæ.) In the horizontal canal are found otolithes also, many pus corpuscles and many blood-vessels. In the external wall of this canal is a hole as large as a lentil-seed, where it opens into the vestibulum, no longer closed by any thing but a tender cuticle. The interior integuments of the cochlea presents a dirty gray color, from a considerabe quantity of dark pigment, particularly about the modiolus. Under the microscope, mulberry-like granular masses of dark color are seen here which have almost the appearance of the otolithes of the ray or wash,* and common otholithes besides. The lamina spiralis is traversed by thick, red blood-vessels, in which pus corpuscles are perceived under the microscope.*

In 1858, the author of this article made a dissection of one of the organs of hearing in a girl æt. 6 years, who died in a state of coma; she had suffered from scarlet fever when three years of age; there was deafness in the right ear with free discharge of pus. Being in a private family there was more difficulty in obtaining a post-mortem, but in this case they were willing I should remove the ear and examine it in their presence. In this connection I will only state the condition of the internal ear, as showing how much disease may exist, the result of scarlet fever, in the middle ear without entirely de troying the functions of the internal ear. The membranous labyrinth was found thickened and the stapes covering the oval window. The semicircular canals and cochlea were almost free from disease, being only congested. The coverings of the brain were congested, with effusion of fluid in the ventricles.†

(To be continued.)

* Ef Leidig. Histol. of Man and Animals. Frankfort, 1857. Page 271.

* Columbus Review, Dec. 1860.

† Observations upon "Otorrhœa" as a sequela to Scarlet Fever. By L. Turnbull, 1848. Med. and Surg. Rep., April, 1858.

‡ See previous numbers.

Hospital Reports.

Philadelphia Hospital.
February 14th, 1863.

Medical Clinic of Dr. Da Costa.

Reported by *Dr. H. C. Wood*, Resident Physician.

PATHOLOGICAL SPECIMEN.‡

Tubercular Meningitis.

The class were first shown some pathological specimens. It was remarked that at the base of the brain, before the class, are numerous small granulations with the membranes evidently inflamed around them. The lobes of the brain are closely adherent and the superficial capillaries injected. These whitish or yellowish granules are a morbid product, which show that this is a case of tubercular meningitis. The deposit is confined to the base of the brain, and it is a singular fact that this form of meningitis affects only this portion, or at least involves the vault to a comparatively trifling extent. It is very rare to find much disease on the upper surface, and this specimen is not an exception to the rule. The membranes above are congested with here and there some opacity, but the main lesions are below. The brain substance is normal, not at all softened. This alone, would distinguish this specimen from the result of pure idiopathic meningitis. There the brain substance would be greatly altered, softened and inflamed. The lungs were tuberculous. The history of the case during life is unknown. The man was very low when he came into the wards and never rallied sufficiently to speak. He had several very bad bed-sores, but did not appear to be paralysed. It was evident that he was laboring under some chronic brain disease, but what particular le-

sion it was impossible to diagnose. There were tubercles in his lungs.

The next specimens were obtained from an autopsy on P. G. It was remarked, that this is the brain of the man who was before the last clinic suffering from mania-a-potu and inflammation of the lungs and bowels. The opinion was then expressed that if the man could in any way weather the pneumonia, he might get well. But he did not weather it. Delirium tremens forms a very, very grave complication of inflammation of the lung, and when as in this case, there exists in addition, an intestinal disorder, the chances of recovery are at their minimum. The treatment consisted chiefly in the administration of stimulants, opium, camphor, and expectorants, with cupping and counter irritation over the lungs. When an autopsy throws its light on a case, it is always proper to ask one's self, Do the pathological relations point to any treatment as more proper than the one pursued? In this case the answer is no! There is no inflammation of the brain, only great meningeal congestion, with here and there some very slight opacity of the membranes on the vault. It is a peculiar state of the brain which has been found in the three men who have lately died here with delirium tremens. It would seem as if there was some connection between the lesion and the disease. It may be asked, was not the congestion produced by the opium? Opposed to this is the fact that in the case which had this peculiar condition most strongly pronounced, we had not pushed opium or its salts at all. The lower lobe of the left lung is a very marked specimen of the result of pneumonia. It is truly hepatized, resembling remarkably the liver. It is passing from the second to the third stage. Its color is not red but grayish. It is very soft, readily tearing on the application of a very slight force. These are the signs of a breaking down of the lung tissue as well as of the lymph contained in the air cells. Students, and indeed very many practitioners err in supposing that the third stage is generally a true suppuration. The very great rarity of pulmonic abscesses shows that this is not true. The whole of the right and the upper lobe of the left lung are highly congested, but nowhere inflamed. The heart is not enlarged and is free from valvular disease, but it is very fatty, especially the walls of the right ventricle. This condition of the heart was of course very much against the recovery of the man. The liver has also undergone fatty degeneration. The spleen is very much enlarged and softened. This structural change in the liver and heart is very apt to occur in drunkards and forms a very important element in the prognosis of mania-a-potu.

Cases will occasionally occur in which all seems to be going on very well, and the patient may even have been pronounced as out of danger, when a terrible change may suddenly come over him. Several years ago, a man in this house had had delirium tremens very badly; from his delirium he had entirely convalesced and was talking to the nurse, when suddenly he became very weak, his pulse grew excessively feeble and his breathing oppressed. Notwithstanding the most liberal stimulation he rapidly sank, and in a few hours died comatose. Autopsy showed no lesion excepting a fatty heart. The loss of muscular tissue and the impairment of the remaining fibres had so weakened the organ that it suddenly gave out. It had not the power to propel the blood, so that the stagnant fluid no longer maintained the systemic life.

Hospital Nurses.

Medical Director W. S. King has directed the surgeons in charge of the army hospitals of this Department, in recommending applicants for contracts as nurses, to give the preference to soldiers who have been honorably discharged from the service, in all cases where they are in other respects equally suitable as the others making application.

Surgical Clinic of Prof. Gross.

Reported by *Y. E. Owens*, M. D., Resident Surgeon.

Necrosis of the Clavicle.

Geo. McG., æt. forty-seven. You observe in this case a large scar, with some ulceration over and below the clavicle. This was at one time a large ulcer. It is of one year's standing. The clavicle being carious, it was cut down upon in December last, and the diseased portion scraped away, but the operation was not followed by any satisfactory result. We were, upon coming on duty, somewhat doubtful as to the diagnosis of the case. The disease was progressing; the morbid action seemed to be extending toward the subclavian vessels. Having this doubt of the nature of the case, the patient was put upon the specific mixture.

℞ Potas. iod., grs. x.
Hydrarg. bichlorid., gr. ¼.
Syr. simplicis, ℥ss. M.
Sig., Three times daily.

This treatment, gentlemen, has developed the diagnosis of the case. It is syphilitic. There has been, under this treatment, a rapid improvement. The morbid action was at once arrested, and the ulcer has almost entirely healed. We must use some care in thus developing a diagnosis, lest we do harm with the remedy. If there be no improvement in a week or ten days, we may discontinue the use of the remedy. Sometimes we see our patients benefitted in a very few days; even in twenty-four hours I have seen a marked improvement in such cases, from the use of the abovementioned mixture. When ulcers are observed in different portions of the body, or in an unusual locality, the case is a suspicious one.

This man was discharged, March 18th, cured.

Anchylosis of Finger.

J—— S——, æt. forty-six. This man has had, for a long time, anchylosis of the phalanges of the ring finger of the left hand. The finger stands out in an uncomfortable and unseemly position, interfering with the motion of the other fingers. We propose to remove the finger at the junction with its metacarpal bone. We will use oval flaps. Such an operation should not be performed heedlessly, because it might be followed by tetanus, erysipelas, or pyæmia. This man has been a soldier; some months ago he was struck by a ball, upon the head, in front and a little to the left of the median line. There is a marked depression at the seat of the injury. He has, every day, either stupor or fits. The former lasts from an hour to an hour and a half. We have here, gentlemen, a portion of the bone depressed, with temporary congestion, causing, at one time, stupor, and at another, epilepsy. This then is a case for trephining, but there is great danger in this operation from inflammation of the brain and its membranes. Fearing this result, we will not resort to the operation. Chloroform is administered, as the patient refuses to submit to an operation without it. One drachm is poured upon the napkin, which is held half an inch from the nose. The prominent portion of the end of the metacarpal bone is removed, the flaps are brought together by means of the silver wire, and a carved splint, adapted to each finger, is applied, in order to prevent undue approximation. Use cold water dressings.

This patient was discharged March 20th. The wound healed by first intention.

Editorial Department.

Periscope.

FOREIGN.

REVIEW AND SUMMARY
Of
"Clinical Studies upon Repeated Evacuations of the Aqueous Humor in Diseases of the Eye."

Translated and Arranged
For the Medical and Surgical Reporter,
By A. Metz, M. D.,
Of Masillon, O.

(Continued from p. 75.)

XIV. Cataract.

We approach this part of our work with diffidence. This diffidence arises from noise just made about the pretended discovery of the radical cure of cataract by paracentesis, which discovery, in spite of all the restrictions its author had placed around its publication, has given place, to say the least, to premature interpretations. M. Sperino, after having observed, in six cases of cataract treated by repeated daily evacuations, that five had presented, in a short time, notable changes in the opacity and a sensible improvement of vision, announced this fact to the Editor of the *Gazetta Medica Italiana* on the 28th of October, 1861. This letter was reproduced by *l'Union Médicale* the 30th of November.

To this simple enunciation of a fact was limited the publicity the author had given. The press was not long in possessing itself of the knowledge, and soon it was pretended that M. Sperino cured all cases of cataract by ocular paracentesis.

The book of M. Sperino has just put a restraint on the intemperate hopes and on the critics, who, by the want of success of experimentalists whose zeal we cannot praise too much, suspected the operative method. The skilful Italian Ophthalmologist has taught how to limit these hopes to determined conditions, and has given the key to the failures experienced. Let us follow him in his researches.

A constant and very important fact, since it demonstrates that the formation of spontaneous cataract is always dependent on internal congestion, even after the complete formation of the opacity, is that a very small number of evacuations, ordinarily two or three, are sufficient for sensibly augmenting the perception of light. This relief is due to the diminution of retinal congestion; the dazzling flashes of light which are caused by this congestion are the first to disappear.

This first phase of phenomena due to the evacuations ordinarily last from ten to twenty hours. It is only later when the internal circulation has regulated itself, that the opacity of the lens begins to be modified, the eye has regained its natural, physiological brilliancy, and the presbyopia is diminished in a sensible manner.

The author believes that the formation of spontaneous cataract is dependent on the circulation, and that this can nearly always be recognized during the formative period. The lens in old persons can more frequently than any other age become opake and remain so without other change in its elements than in transparency; also, that these opacities may disappear, being only exaggerations of physiological opacity, but that they will only disappear when found under these conditions. A cataract not in the last degree of disorganization will be modified more or less according to the state of its primitive elements, whilst a cataract in the commencing stage will be cured. The histologic degree of transformation of each of the elements of the lens marks the limit of action of the evacuations in each kind of cataract. It is very rare that the evacuations do not arrest the evolution of cataract; they always manifestly retard it; transformations are always observed. If the opacity increases in spite of the evacuations, the cause is always found to be in the state of the general system, and in the return of symptoms or disorders in the circulation of the choroid. In traumatic cataract, if the lens is not broken, there never is transformation of elements, neither, consequently, return of transparency.

The elements of the opake lens resume their transparency only so far as they have not been destroyed and profoundly altered in their structure and histologic form. (p. 425.) These words supply the response to those who pretend that M. Sperino has announced that all cataracts are cured by ophthalmocentesis. They sensibly extend, we must confess, the catalogue of those who are condemned to remain refractory. But by what characteristics can those be recognized whose histologic elements have remained intact. The author does not tell us, and this is, in our opinion, a hiatus in his work, much to be regretted, otherwise so conscientiously elaborate.

It is true that certain indices can be found bearing on this point, in the cases he reports, and which follow the generalities we have just gone over; but we do not find the precise indications we desire. The author does not consider his researches perfected, and if he has limited himself in presenting to the public only clinical facts, it becomes his *confrères* to extend cheerful help in his researches which he so actively pursues, and which are yet far from their termination.

The abstract of his reported cases gives the following results: In thirty-eight cases of cataract of different kinds, he has obtained seventeen times a notable diminution of the opacity and proportionate improvement of vision by means of a number of evacuations varying from a dozen to twenty-five.

Twelve times complete, or nearly complete disappearance of the opacity and the restitution of normal sight by from fifteen to ninety-eight evacuations.

Nine times, no result, or hardly any amelioration.

The cases of the first category (diminution of cataract) are nearly exclusively confined to commencing cataracts, half hard or half soft, ordinarily incomplete.

Those of the second, (complete cures) to commencing cataracts, with symptoms of glaucoma or of choroiditis, more or less marked.

Those of the third, (unsuccessful) hard cataracts, matured.

It results from this abstract that, at first sight, the success of the evacuations has been in inverse ratio to the degree of advancement of the alteration which constitutes what is called "cataract."

The teachings of this work may be summed up as follows:

1. Paracentesis regulates the circulation of the eye, diminishes congestion and inflammation, whatever its form, seat, or intensity.

2. It is then indicated in all cases in which the constituent parts of this organ are the seat of morbid manifestations of this order.

3. Spontaneous opacities of the lens, being always dependent on disorders of the circulation, are advantageously modified by evacuations of the aqueous humor, in so far, always, as the histologic elements of the lens are not altered otherwise than in transparency.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 6, 1863.

THE BASIS OF SUCCESS IN MEDICAL JOURNALISM.

The past two years have witnessed sad havoc in the ranks of the periodical medical literature of the country. The mortality has been fully seven-tenths —certainly a very high rate. The fact proves the insufficiency of the foundation upon which much of this species of literature has rested. Some of it has lacked independent action, and all independent support. Both are indispensable to permanence and practical utility to the profession. Without the first named principle, the second can never be attained, and the latter can only be retained when once acquired, by a sedulous adherence to the first.

But this is not all. There are other considerations, apart from which, the probabilities of successful journalism are, to say the least, very small. First, there must be judgment exhibited in adapting the work to the general wants of the profession. Second, some claim to editorial ability, united with entire independence of character, is requisite. And third, our recent experience has demonstrated the fact that the great body of the profession insist upon frequent issues as a claim to their countenance and support.

A restless activity characterizes the spirit of the age in which we live. The incessant cry of the public is "Give, give!" and to meet it the newspaper editor has to issue many editions a day in excitable times like these. The physician partakes of the tastes and habits of the people in matters of daily interest, and is scarcely content without his daily newspaper at his morning or evening repast. So, in medical journalism. Since the adoption of the hebdomadal form by this journal in 1858, being the second successful attempt of the kind in this country, the taste of the profession has very emphatically endorsed the idea—which can scarcely be said to have been done before—and they will not be content with anything less frequent than weekly issues. Even the troublous times through which we are passing, have not served to prevent us from attaining a circulation more than double that ever attained by any quarterly or monthly journal hitherto published in this country. We have, in an editorial career of nearly thirteen years, to use a military phrase "felt the lines" of the profession in quarterly, monthly, semi-monthly and weekly issues, and *know* what their wants are, and have, after great labor and heavy sacrifices, attained a circulation for this journal that enables it in some degree to meet those wants. What still remains to be done, only awaits a further addition to our subscription list.

The profession are learning that if they wish to have good, practical periodical literature, they must concentrate their patronage, so as to provide the means to meet the heavy outlays incident to such an enterprise. Few have any idea of the immense outlays of cash necessary to pay the current expenses of issuing several thousand copies of a weekly journal like the Reporter, and a very large subscription list alone, could enable us to do so. The profession have it in their power to sustain by concentrated, earnest effort a periodical which seeks to serve them alone in an independent practical manner, and they certainly evince a determination to do so.

The above thoughts have been suggested by the fact, that within a short time, two or three of the best monthly medical journals in America have been compelled to suspend their issues, not from want of ability in their editorial management, or of value in their contents, but from other causes, which, in our view may be gathered from the preceding remarks. As the profession is directly interested in the maintainance of a practical and useful periodical medical literature, we have felt it to be our duty to place the above thoughts before them.

It is our earnest desire that this journal shall fully meet all the indications presented above. To do so, it must rest on a broad and sure pecuniary basis, founded on the direct support of the profession, and not on the surplus profits of some other business of which it is a representative and advertiser. As the Reporter aims to serve the profession, it looks to its supporters to extend its circulation, thus securing the means in the only true way of adding to its efficiency and usefulness.

THE "CANADA LANCET."

We have received several copies of this work. It is published monthly in Montreal, contains eight pages of the size of the Reporter, and is furnished at the low price of one dollar a year. Its contents are varied and interesting, and the editorials sprightly. William Edward Bowman, M. D., is the editor and proprietor.

There have been a dozen attempts in as many years, to establish a medical journal in Canada. When the *British American Journal* appeared, we did not doubt but the work was fully accomplished, as it was ably conducted, and its contents were more than ordinarily interesting and useful. But, if we are correctly informed, Dr. Hall, its able editor, was a loser by the enterprize. We trust that Dr. Bowman will be more successful, but we confess the prospect, judging by the past, is not very encouraging.

Perhaps our Canadian friends want a journal issued weekly. We have already a good foothold in the British provinces, and shall take some pains to secure communications from prominent physicians in that section, and it may be that we can meet the wants of medical brethren there.

Notes and Comments.

Diphtheria.

Dr. C. V. Moore, of Stillwater, N. J., writes: "Diphtheria has been prevailing again, the type sthenic. It yields pretty generally under the administration of the sulphate of zinc, in emetic doses repeated every twenty-four or thirty-six hours, in conjunction with chlorate of potash and tincture of the chloride of iron. Pustulation with croton oil to the neck seemed decidedly beneficial. I have met with several cases that recovered unexpectedly, even after the extension of the disease to the larynx, accompanied by croupy cough." Dr. Moore speaks highly of the beneficial effects of the zinc emetics in these cases.

An Organic Base without Oxygen.

M. Rieth has extracted an alkaloid from the bark of the *araribá rubra*, a Brazilian tree. This new alkaloid, which has received the name *aribine*, possesses the remarkable property of containing no oxygen, being the first instance of a solid, non-oxygenous, organic base in nature. The composition of aribine is expressed by the formula C46 H20 N.—*Rep. de Pharm.*

Correspondence.

DOMESTIC.

RUPTURE OF THE HEART,

Unattended with any organic change in the parts involved.

Dec. 18th, 1862. Was called this morning, at 4 A. M., to visit —— a seaman attached to the U. S. Steamer "Galena," who had been found lying dead in his hammock. On going forward I found the patient lying quietly in his hammock, as if asleep. His position and the expression of his face was perfectly natural. Extremities still warm. On careful examination it became evident that life had been extinct but a few minutes, and that death had occurred suddenly with scarcely a struggle.

At 2 A. M. this morning he awakened one of his mess-mates and asked for a piece of tobacco, and at that time seemed as well as usual. At 4 A. M. the Quartermaster on endeavoring to awaken him to relieve the watch on deck, found him dead. The patient has never complained of any illness since he has been attached to the vessel. About a week before his death he consulted me on account of a slight "uneasiness" about the precordial region. A little tinct. lavand. comp. with spts. æther. comp. entirely relieved the difficulty in the course of a day or two. All the circumstances connected with the death having been ascertained, the body was removed aft, for the purpose of making a post-mortem examination, as soon as practicable. At 10 A. M. the autopsy was commenced. Present—Surgeon Marius Duvall of the U. S. Steamer "New Ironsides," and Lieut.-Commander Paulding, commanding U. S. Steamer "Galena."

Rigor mortis slight. External temperature 32.0 Body still warm about the chest. External jugulars prominent. No marks or bruises, or any indications of violence present.

On opening the thorax, the pericardium was found to be greatly distended. A slight incision revealed the presence of a large clot of coagulated blood. The incision was then prolonged, great care being taken to avoid the neighborhood of the large vessels, by cutting in a line parallel with the septum, using the finger as a director.

The incision being sufficiently prolonged, it was found that the clot completely surrounded the heart. The entire mass of coagulated blood was then carefully removed by means of the fingers, and weighed. Weight, nineteen ounces. After the removal of the clot, the heart was found to be nearly of the natural size, but possessing a remarkably shrivelled and blanched appearance, more especially noticeable around the apex, where the compression had been greatest.

The parts of the clot which had lain in contact with the heart presented an exact impression of the shrivelled and corded apex. The cavity of the pericardium was then carefully sponged out, but it was

speedily refilled with dark venous blood. The heart and lungs were then removed "en masse" and the cause of the hemorrhage carefully sought for.

Upon careful examination, a *rupture about one-fourth of an inch in length, was discovered upon the anterior aspect of the left auricle*, parallel with the transverse apex of the heart. The rupture was situated about midway between the entrance of the pulmonary veins and the junction of the auricle with the ventricle. The shape of the rupture is regular, not lacerated, the edges resembling those of an incised wound. On the inner surface of the auricle there is a very slight erosion around the edges of the rupture. All the valves are normal. The heart contained no fibrous clots. There is no evidence of atheroma or ulceration anywhere. The pericardium was healthy. The heart presents no evidence of previous disease.

No other organs were examined.

Prominent among the causes which predispose to this lesion, as given by STOKES, we find abscesses on the cardiac walls, apoplectic effusions into the substance of the heart, muscular aneurism, and fatty degeneration.

A most rigid scrutiny of the appearances in the case detailed, failed to detect the slightest evidence of any of these. The patient died totally regardless of all pathological laws, as we at present understand them. Neither his previous history nor the appearances after death, throw any clear light upon the cause of the lesion.

The evidence obtainable from his previous history is almost entirely negative. Up to the period of his death, his health had been unusually good, and his duties, which were of a nature requiring frequent violent exertion, were always performed with cheerfulness and alacrity. So far as I can learn he has never suffered from any of those diseases which generally predispose the heart to organic derangement. The lesion can only be ascribed to a weakness of the muscular fibre framing the walls of the auricle, and the case must be included in that rare class where rupture of the muscular portion occurs, not preceded by any preceptible organic change in the part involved.

R. E. VAN GIESON, M. D.

Newark, N. J., June, 1863.

FRACTURE OF THE TIBIA AND FIBULA.

Successfully Treated.

On the 3d of May, 1862, John D. W., Engineer U. S. N., æt 26, of good constitution, was ashore on duty. A weight fell on the inner side of the right leg, about eight inches below the knee, causing a simple transverse fracture of the inferior extremity of the tibia, two inches above the malleolus internus; also, a fracture of the superior extremity of the fibula, three inches from the head, in an oblique direction from without, downward and inward. The fractures were not accompanied by any wounds, although at the lower injury there was considerable tumefaction and discoloration of the integuments.

The patient took several steps previous to being conveyed on board, which caused considerable swelling at the ankle-joint, and rendered it almost impossible to detect crepitus and mobility of the parts. After being placed in his berth, the limb was laid upon a soft pillow, and the whole placed in a fracture-box prepared for the occasion; a foot piece was attached to the bottom slat, and the sides were on hinges, in order that the limb might be loosely confined, to allow of cold irrigation being employed. To effect this a skein of cotton, well wetted, was hung over the edge of a wide-mouthed bottle of ice-water, one end reaching into the water and the other pendent outside; this, acting as a syphon, caused a continual dripping on the part. After administering pulv. ipecac. et opii., gr. xv., the patient was allowed to rest for the night. He suffered severely from muscular contractions; at times the limb being bent nearly at right angles, at the seat of the lower fracture.

Early on the next morning, mild saline purgatives were given to relieve the bowels and reduce the inflammatory state of the limb. The antiphlogistic treatment was continued for twelve days, until the inflammation and part of the swelling had disappeared.

On the thirteenth day from the date of the injury the fractures were reduced, and the necessary splints and bandages applied; and no difficulty was experienced in procuring firm union, and a sound limb at the expiration of ten weeks' time. Although considerable stiffness and immobility at the ankle-joint remained for some time, this gradually disappeared under the use of tinct. iodine, friction, and cold water.

L. TRAVER, M. D., U. S. N.

U. S. Steamer Delaware.

CÆSAREAN OPERATION.

Recovery.

On the 21st of April, 1861, I was summoned to attend Mrs. A., æt. 39. On inquiry I learned that she was married at the age of fifteen years, and was then pregnant with her eighteenth child. The full time of gestation had expired, and preparations had been in readiness for her confinement more than a month; but no labor-pains came on, and the patient was extremely weak and fainting. I applied my stethoscope to the abdomen, and introduced a catheter into the womb, with little or no pain, when a dark, muddy-looking liquid flowed from her, too offensive to endure, furnishing some evidence of the death of the child.

told my patient the child was not living, and her chance for life was very doubtful; not one in a hundred; she begged of me to give her that chance. I immediately prepared for the operation. On April 22d, with the aid of Dr. L. Traver and Mr. F. H. Dodge, I performed the operation, Mr. Dodge administering the chloroform.

An incision was made twelve inches in length, elliptical, commencing about six inches above, and to the right of the umbilicus, near the linea alba, curving slightly, and ending near the symphysis pubis. Opening the cavity of the abdomen, I found a full-grown male child, weighing eight and one half pounds, well developed, thick head of hair, and well-formed finger nails, *dead*, lying with the head down, and in apposition with the walls of the abdomen, the womb having ruptured, and let the child through among the intestines. The cavity of the abdomen was filled with a large quantity of very offensive fluid, the omentum being entirely wanting, and the umbilical cord very much withered. The inner walls of the abdomen presented that livid red appearance so characteristic in gangrenous inflammation. The patient was a good subject for chloroform, remaining unconscious during the operation.

After the operation Mrs. A. sank rapidly, pulse failing so as not to be counted. I administered frequent drafts of brandy and water, sustaining her on the stimulant principle for thirty-six hours, when the pulse again became perceptible, and all the symptoms more favorable. In two months after the operation the patient sat up, and is now well and taking full charge of her family.

Solutions of arsenic and gentle tonics were the only means employed in the treatment of this case. I visited Mrs. A. May 2d, 1863, and found her enjoying good health, with the exception of the non-appearance of the menses.

Charles L. Spencer, M. D.

New Bedford, Mass., May 7, 1863.

Army and Navy News.

Field Hospital of the Army of the Potomac.

The following description of the Field Hospital of the Army of the Potomac, is from the correspondence of the Daily *Inquirer*, of this city.

Believing that the mentioning in detail the manner in which are organized the field hospitals among us would not be uninteresting to the "friends at home," we purpose to give as accurate a description of one of them as can well be done on paper, taking, as our model, that belonging to the First Division, Third Corps, for the reason that the Inspector-General, in his report to general head-quarters, denominates it as the *best* in the army.

The location is upon a side hill, completely sheltered from the north and east winds, while to the south and west lies a plateau covered by thick woods, and through which runs the Potomac Creek.

The immense number of tents which go to make up this camp, are all of the largest hospital size, all new, and consequently neat and clean. These tents are divided into sixteen wards, three to a ward. These are sub-divided; one appropriated to sick and another to wounded officers, three to sick and ten to the use of wounded non-commissioned officers and privates; while yet another, remote from the other half a mile or more, is known as the "pest ward," where are placed all who may be infected with contagious diseases.

In addition to these there are many other tents, used respectively as a dispensary, one by the matron, a ward room, a cook house for the sick, two for the same purpose for the wounded, one used as an office, and in addition to all these are a number of A, or wedge tents, known as the convalescent camp, and in which may be comfortably accommodated some five hundred patients.

The whole have been tastily laid out, with wide and spacious avenues between, the *tout ensemble* presenting an air of comfort and cleanliness pleasing to contemplate.

The Dispensary is under the charge of Assistant Surgeon Humphreys, who has the dispensing of the medicines.

The Ward-room is an institution deserving of something more than a passing notice. It is to this room the patient, upon his arrival, is first taken, stripped of his apparel, then carefully washed, attired in new and clean clothing, and from there sent to the ward where he is to be located.

All his personal effects, such as blanket, knapsack, arms and accoutrements, as well as the clothes he has doffed, are labeled and stored carefully away in this same ward room. If he recovers, returns to his regiment, or is discharged, then all are returned to him; while if he should die, they are delivered to such as may call for them, upon the presenting of a certificate signed by the deceased one's Captain, that they are the proper parties to receive them.

The tent known as the Matron's contains a large-sized cooking-stove. Here all the nicer delicacies, milk-punch, farina and corn-starch pudding, and such like "home-reminders," are prepared for use by the sick, under the supervision of that noble-hearted lady, Mrs. McKay.

To each ward four nurses are appointed, while each surgeon has the charge of two of the wards.

There are some twelve persons in all who are assigned to duty as cooks, their special province being to see that all articles are well prepared and properly distributed. These latter, as well as the nurses and those selected to do *police* duty, are all taken from the convalescent camp. By doing "police duty" is meant that they are to keep the camp and its surroundings clean and in perfect order.

A Commissary is also assigned to duty here; from him all the sick and wounded draw their rations, which are taken in bulk to the kitchens, there cooked, and from thence distributed. Regular meal calls are here instituted—breakfast at seven, dinner at twelve and supper at seven.

This whole mammoth establishment is under the immediate supervision of Assistant Surgeon George Lutz, of Union county, Pa. A better man for the position cannot be found, he being daily in receipt of the highest encomiums of his superiors, and hourly in receipt of the hearty thanks of the disabled. Surgeon J. W. Lyman is the Medical Director of the Division, and is ably assisted in his arduous labors by Assistant Surgeons McIlvain, of the Sixty-eighth Pennsylvania Regiment, Dennison, of the One-hundred-and-forty-first, Vaughan, of the One-hundred-and-fifth, Watson, of the Third Maine, Norris, of the Seventeenth Maine, and Robinson, of the Thirty-eighth New York.

The aggregate number of patients in the Hospital is as follows:

Sick in Hospital	99
" " Quarters	113
Total sick	212
Wounded in Hospital	262
" " Quarters	474
Total wounded	736

It is gratifying to state that all, both sick and wounded, are rapidly recovering. The proportion of deaths will be small when compared with the immense number of patients now in confinement.

Assignments.

Dr. HARLAN, of the 10th Pennsylvania, has been assigned as Acting Medical Director at Suffolk.

Surgeon B. A. CLEMENTS has been assigned to duty as Assistant Medical Director; Surgeon J. H. TAYLOR, as Medical Inspector and Assistant Surgeon; WARREN WEBSTER, as Medical Inspector.

News and Miscellany.

National Academy of Sciences.

The first meeting of this Association was held on the 22d of April, in the Chapel of the University of the City of New York, the proceedings of which, have only recently been given to the public. Hon. HENRY WILSON, of Massachusetts, to whose exertion the passage of the act of incorporation is mainly due, called the meeting to order in a brief address, the main points of which were as follows:

GENTLEMEN: I hold in my hand the Act, passed in the closing hours of the Thirty-seventh Congress, "To Incorporate the National Academy of Sciences." This Act, under which you have met to organize, incorporates in America, and for America, a National Institution, whose objects, ranging over the illimitable fields of Science, are limited only by the wondrous capacities of the human intellect. Such an institution has been for years in the thought and on the tongue of the devotees of science, but its attainment seemed far in the future. Now it is an achieved fact. Our country has spoken it into being in this "dark and troubled night" of its history, and commissioned you, gentlemen, to mould and fashion its organization, to infuse into it that vital and animated spirit that shall win in the boundless domains of science, the glittering prizes of achievement that will gleam forever on the brow of the nation.

This Act of incorporation may not be—is not—perfect. The task has been one of difficulty and delicacy. The number of members must be limited, while the most eminent men of science must be recognized, and sectional claims harmonized. If unintentional injustice has been done to any one, if mistakes have been made, time will, I trust, correct the injustice and the mistakes. Changes will surely come. "Death is in the word," and this original list of honored names will not remain long unbroken. If men of merit have been forgotten in this Act of incorporation, the Academy should seize the first and every occasion to right the seeming wrong.

This Academy is destined, I trust, to live as long as the Republic shall endure, and bear upon its rolls the names of the *savans* of coming generations. Let it then advance high its standard. Let it be as inflexible as justice, and as uncompromising as truth. Let it speak with the authority of knowledge, that pretension may sink abashed before it, and merit everywhere turn to it, confident of recognition.

Prof. JOSEPH HENRY, of Washington, was then elected Chairman *pro tem.*, and Prof. CASWELL, of Providence, Secretary. The following resolution was then passed unanimously:

Resolved, That the Academy accept the act of Incorporation, and hereby declares its intention of entering with earnestness and devotion upon the high course marked out for it by Congress.

Another resolution thanking Mr. WILSON for his action in the Senate in behalf the Academy was then passed.

A Committee of Nine was then appointed to draft and report a plan of organization. The organization finally adopted is, in its main features, as follows:

1. The class of Mathematics and Physics.
2. The class of Natural History.

The corporate members elect under which of these two classes, and in which section of that class, they will inscribe their names. The classes are subdivided thus:

A. CLASS OF MATHEMATICS AND PHYSICS.—Sections 1. Mathematics: 2. Physics: 3. Astronomy, Geography and Goedesy: 4. Mechanics: 5. Chemistry.

B. CLASS OF NATURAL HISTORY.—Sections 1. Mineralogy and Geology: 2. Zoology: 3. Anatomy and Physiology: 5. Ethnology.

While each member chooses his own position, he may also be elected an honorary member of any section by the members thereof, and the Academy retains the power of transferring a member from one section to another.

There may be fifty foreign associates who take no part in the business of the Academy, but have the privilege of attending its sessions, reading and communicating papers, and of receiving a copy of the publications of the Academy.

The officers of the Academy are a President, a Vice-President, a Foreign Secretary, a Home Secretary, and a Treasurer, all of whom are elected for a term of six years.

There is also a Chairman and Secretary to each class, elected annually at each January meeting. The officers of the Academy, and Chairman of the classes, together with four members to be annually elected by the Academy, constitute a Council for the transaction of such business as is assigned to them by law or by the Academy.

The powers of the President (or, in case of his absence or disability, the Vice President,) are to preside at the meetings of the Academy, name (unless otherwise provided by law) Committees of members, referring business, experimental inquiries, investigations or preliminary inquiries required by the Government of the United States or its branches, to members specially conversant with the subject; and, with the Council, to direct the general business of the Academy. The duties of the other officers present nothing beyond what is usual in all similar organizations.

The Academy holds two stated meetings in each year—one in January and one in August. The January meeting is to be held always in Washington, on the 3d day of January, (or, when that day is a Sunday, on the 4th;) but the August meeting will be held at such place as the Academy at any previous meeting designate, and on the 3d Wednesday of the month. The scientific meetings of the Academy are to be open or public, the business meetings closed. Communications by persons not members of the Academy are to be presented and read by a member, who makes himself responsible only for the general propriety of the paper, and not for opinions expressed by the author.

Propositions for researches, experiments, observations, investigations or reports, shall originate with the classes to which the subjects are appropriate

and then be submitted to the Academy for discussion and approval or rejection, excepting propositions from the Government of the United States, or any of its branches, which shall be acted upon by the President, who will, in all such cases, report, if necessary, at once to the Government, and also to the Academy at the next stated meeting. The judgment of the Academy is to be at all times at the disposition of the Government upon any matter of science or art within the limits of the subjects embraced by it. The President of the Academy is competent, in special cases, to call in the aid, upon committees, of experts, or men of remarkable attainments not members of the Academy.

The annual report to be presented to both Houses of Congress is to be prepared by the President of the Academy, and before its presentation is to be submitted, first to the Council, and then to the Academy at the January meeting. The abstract of a memoir may be sent by any member to the Home Secretary, to be printed and circulated among the members during the recess of the Academy.

These are the most important features of the organic law of the National Academy of Science. An election was held under the rules, when the following officers were chosen almost unanimously:

President—Alexander Dallas Bache, Washington, D. C.

Vice-President—James D. Dana, New Haven, Conn.

Foreign Secretary—Louis Agassiz, Cambridge, Mass.

Home Secretary—Wolcott Gibbs, New York.

Treasurer—Fairman Rogers, Philadelphia, Pa.

OFFICERS OF THE CLASSES.

Class A, Mathematics and Physics—Chairman, B. Pierce, Cambridge, Mass.; Secretary, B. A. Gould, Cambridge, Mass.

Class B, Natural History—Chairman, B. Silliman, New Haven, Conn.; Secretary, J. S. Newberry, Ohio.

Representatives in Council—Admiral, C. H. Davis, Lewis M. Rutherford, Dr. John Torrey, Prof. J. P. Lesley.

After the completion the organization, each member present, agreeably to the requirements of the organic law, took the oath of allegiance prescribed by the Senate of the United States for its own members, and in addition thereto, took an oath faithfully to discharge the duties of a member of the National Academy of Sciences, to the best of his ability.

The President then read a letter from the Secretary of the Treasury, asking the Academy to prepare a report upon the subject of Weights, Measures and Coinage, both domestic and international. A resolution of thanks to Chancellor Ferris, for the use of the rooms in the University Building, was passed unanimously, and the Academy adjourned to meet in the City of Washington on the 3d of January, 1864.

THE ACT OF INCORPORATION.

The act of Incorporation is as follows:

The following is a copy of the bill passed by the last Congress to incorporate the National Academy of Sciences:

Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled, That Louis Agassiz, Massachusetts; J. H. Alexander, Maryland; S. Alexander, New Jersey; A. D. Bache, at large; F. A. B. Barnard, at large; J. G. Barnard, U. S. Army, Massachusetts; W. H. C. Bartlett, U. S. Military Academy, Missouri; U. A. Boyden, Massachusetts; Alexis Caswell, Rhode Island; Wm. Chauvenet, Missouri; J. H. C. Coffin, U. S. Naval Academy, Maine; J. A. Dahlgren, U. S. Navy, Pennsylvania; J. D. Dana, Connecticut; Charles H. Davis, U. S. Navy, Massachusetts; Geo. Engleman, St. Louis, Mo.; J. F. Frazer, Pennsylvania; Wolcott Gibbs New York; J. M. Gillis, U. S. Naval Observatory, Kentucky; A. A. Gould, Massachusetts; B. A. Gould, Massachusetts; Asa Gray, Massachusetts; A. Guoyot, New Jersey; James Hall, New York; Joseph Henry, at large; J. E. Hilgard, at large, Illinois; Edward Hitchcock, Massachusetts; J. S. Hubbard, United States Naval Observatory, Connecticut; A. A. Humphreys, United States Army, Pennsylvania; J. L. Le Conte, United States Army, Pennsylvania; J. Leidy, Pennsylvania; J. P. Lesley, Pennsylvania; M. F. Longstreth, Pennsylvania; D. H. Mahan, U. S. Military Academy, Virginia; J. S. Newberry, Ohio; H. A. Newton, Connecticut; Benjamin Pierce, Massachusetts; John Rodgers, U. S. Navy, Indiana; Fairman Rogers, Pennsylvania; R. E. Rogers, Pennsylvania; W. B. Rogers, Massachusetts; L. M. Rutherford, New York; Joseph Saxton, at large; Benjamin Silliman, Connecticut; Benjamin Silliman, Jr., Connecticut; Theodore Strong, New Jersey; John Torrey, New York; J. G. Totten, U. S. Army, Connecticut; Joseph Winlock, U. S. Nautical Almanac, Kentucky; Jeffries Wyman, Massachusetts; J. D. Whitney, California, their associates and successors, duly chosen, are hereby incorporated, constituted and declared to be a body corporate, by the name of the "National Academy of Sciences."

Sec. 2. *And be it further enacted*, That the National Academy of Sciences shall consist of not more than fifty ordinary members, and the said corporation, hereby constituted, shall have power to make its own organization, including its Constitution and by-laws and rules and regulations; to fill all vacancies created by death, resignation or otherwise; to provide for the election of foreign and domestic members, the division into classes, and all other matters needful or usual in such institutions, and to report the same to Congress.

Sec. 3. *And be it further enacted*, That the National Academy of Sciences shall hold an annual meeting at such place in the United States as may be designated, and the Academy shall, whenever called upon by any department of the Government, investigate, examine, experiment, and report upon any subject of science or art, the actual expense of such investigations, examinations, experiments and reports to be paid from apropriations which may be made for the purpose, but the Academy shall receive no compensation for any services to the Government of the United States."

American Medical Association.

Just as we are going to press, a dispatch from Chicago says:

The American Medical Association held their annual meeting here yesterday. The following officers were elected: President, Alden March, of New York; Vice Presidents, J. Couper, of Delaware; D. Prince, of Illinois; C. C. Coxe, of Maryland; and E. S. Cann, of Wisconsin.

The prize medal was awarded to Sam'l R. Percy, of New York, for a prize essay.

A committee of five was appointed to memorialize Congress relative to the rank of surgeons in the army.

A motion to protest against the recent order of the Surgeon-General prohibiting the use of mercury and antimony in the army was referred to a committee.

We expect to publish a full report of the proceedings, as soon as received.

Statistics of the Globe.

The following curious facts are stated by the *Abeille Medicale*:—The earth is inhabited by about 1,288,000,000 of inhabitants, viz: 369,000,000 of the Caucasian race, 552,000,000 of the Mongolian race, 196,000,000 of the American Indians, and 200,000,000 of the Malay races. All these respectively speak 3064 languages, and profess 1000 different religions. The

amount of deaths per annum is 333,333,333, or 91,954 per day, 3730 per hour, 60 per minute, or 1 per second; so that at every pulsation of our hearts, a human being dies. This loss is compensated by an equal number of births. The average duration of life throughout the globe is 33 years. One-fourth of this population dies before the seventh year, and one-half before the seventeenth. Out of 10,000 persons only one reaches his hundredth year, only one in 500 his eightieth, and one in 100 his sixty-fifth. Married people live longer than unmarried ones, and a tall man is likely to live longer than a short one. Until the fiftieth year women have a better chance of life than men, but beyond that period the chances are equal. Sixty-five persons out of one thousand marry. The months of June and December are those in which marriages are most frequent. Children born in the spring are generally stronger than those born in other seasons. Births and deaths chiefly occur at night. The number of men able to bear arms is but an eighth of the population. The nature of the profession exercises a great influence on longevity; thus out of 100 of each of the following professions the number of those who attain their seventieth year is—among clergymen, 42; agriculturalists, 40; trades and manufacturers, 33; soldiers, 32; clerks, 32; lawyers, 29; artists, 28; professors, 27; physicians, 24; so that those who study the art of prolonging the lives of others are most liable to die early, probably on account of the effluvia to which they are constantly exposed. There are in the world 335,000,000 of Christians, 5,000,000 of Jews, 600,000,000 professing some of the Asiatic religions, 160,000,000 of Mahometans, and 200,000,000 of Pagans. Of the Christians. 170,000,000 profess the Roman Catholic, 76,000,000 the Greek, and 80,000,000 the Protestant creeds.—*Boston Medical Journal.*

Taken Prisoner.

Dr. HAND, Medical Director of Gen. PECK'S army, at Suffolk, Va., was taken prisoner by the rebels about the 17th ult.

Medical Men in Canada.

The number of medical men in the City of Montreal, is seventy-six, not including the twenty army surgeons. In Toronto, sixty-three; in Ottawa City, twenty; and in Kingston, nineteen.—*Canada Lancet.*

Dr. Edward A. Pierson.

At a special meeting of the District Medical Society for the County of Essex, N. J., held at the house of Dr. J. HENRY CLARK, in Newark, June 1st, Dr. L. A. SMITH was called to the chair. A committee composed of J. HENRY CLARK, J. F. WARD, and STEPHEN WEEKS, were appointed to prepare resolutions. Dr. WARD read a very interesting letter from Dr. WEEKS, U. S. N., and Dr. WM. GAINS BRUCE, Surgeon of the U. S. Steamer Niphon, who attended Dr. PIERSON in his last hours. The letters contained the particulars of his death, and also a very high eulogium upon the professional and social characteristics of the deceased. The following resolutions were reported by the committee and adopted:

Resolved, That we are greatly grieved by the unexpected announcement of the death of our brother Dr. EDWARD A. PIERSON.

— That we cherish the memory of him who is the first martyr from our ranks to the cause of the salvation of our imperilled country.

— That we express our sincere gratitude to that kind Providence which has protected the many from our society who have gone out to share the privation and mitigate the suffering of the brave men who are fighting the battles for the Union.

— That we congratulate ourselves, and all who loved or respected our deceased brother, that he died at the post of duty, in his place, and while in the very act of preparation to care for those who might be exposed to similar casualties.

— That in view of the kind spirit of our deceased brother, and of his ample preparation for advance in his profession, and the many evidences that he was fully occupying a position of honor and usefulness, we deplore his loss to his country, as well as to ourselves; however, our grief is mitigated by the recollection of the patriotic language of Dr. WARREN, the great physician and patriot, and the distinguished martyr of Bunker Hill, as he was leaving his home to take command of the troops, on that occasion. *Dulce et decorum est pro patria mori.*

— That our warmest sympathies are extended to the mother and sisters of the deceased, of whom we beg permission to join in the mournful occasion in the last act of courtesy and kindness.

— That we will attend the funeral of our deceased friend on Wednesday, and will wear the usual badge of mourning for thirty days.

— That the Secretary be requested to communicate to the family of the late Dr. PIERSON a copy of the foregoing resolutions, and to secure their publication.

A committee was appointed as pall-bearers.

BETHEL DODD,
Secretary.

ANSWERS TO CORRESPONDENTS.

DR O. L., PENNSYLVANIA.—We will procure you the works you desire at the following prices:—Reeves' Enteric Fever, $1; Richardson's Human Anatomy, $3.25; Dalton's Physiology, $4 50; Bedford on Women and Children, $3.50; Caseau's Midwifery, $4; Wood's Materia Medica and Therapeutics, $7; Maclise's Surgery, $11. A skeleton can be had for about $25.

DR. W. H., PENNSYLVANIA.—For a superior quality of braces we refer you to Needles, of this city, whose advertisement you will find on another page.

DR. W. H S., OHIO.—The price of Gross' Surgery is $12.

DR. S. C. F., OHIO.—The price of the New American Cyclopædia in cloth is $3.50 per vol.; in leather (library style), $4. There are *sixteen volumes*. The American Annual Cyclopædia is published at the same price per volume.

DR. D. C. G., PENNSYLVANIA.—The treatment of spinal affections has been fully discussed in the lectures of Dr. LOUIS BAUER of Brooklyn, in the pages of the REPORTER during the past two years. These lectures will soon be issued in a separate volume.

DR. E. A. B., OHIO.—We can send you a neat, compact pocket case, such as you desire, with eighteen to twenty instruments, for $18.

Conservatism in surgery, like everything else, is a very good thing if it is not *too much like Lot's wife*. You remember where her "conservatism" left her! Send us something practical on the subject for publication.

☞ *Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and* STATE *from whence their letters are sent.*

MARRIED.

BAYLES—JOHNSON.—On Wednesday, May 20, at Calvary by Rev. A. Cleveland Coxe, D.D., Dr. George Bayles, U. S. A., and Catharine S., daughter of Stephen Johnson, Esq., of New York.

BELLOWS—SCHOBER.—On the 21st ult., by the Rev. T. J. Shepherd, Horace M. Bellows, M.D., and Kate, eldest daughter of George Schober, of this city.

CASWELL—PURDY.—In Myrtle Lawn, near Bronxville, N.Y., on Tuesday, May 12, by Rev. Mr. Aldrich, of Mt. Vernon, Walter Caswell, M.D., of the 101st O. V. I., and Emma Purdy, adopted daughter of Moses Odell, Esq., of the former place.

COMBS—WALSH.—In Washington, D. C., on the 13th ult., at St. Peter's Church, by Rev. F. E. Boyle, Dr. William Herbert Combs and Miss Kate Walsh, both of that city.

EDGAR—FERGUSON.—In Pittsburgh, May 7th, by Rev. David McKinney, D.D., John Edgar, M.D., and Miss Amanda J. Ferguson, all of Allegheny county, Pa.

FORWOOD—BOND.—On May 6, 1863, at St. Paul's Church, Cheltenham, near Philadelphia, by the Rev. Mr. Parvin, Wm.

Stump Forwood, M.D., of Harford county, M.D., and Miss Addie Bond, of Cheltenham, formerly of Kentucky.

HARTSHORNE—TAYLOR.—On Monday, May 20, at the residence of the bride's father, Middletown, N. J., by Rev. A. C. Millispaugh, Mr. James M. Hartshorne, of New York, and Miss Sarah L. Taylor, youngest daughter of Edward Taylor, M.D.

INGALLS—NEVINS.—At Bedford, N. H., April 3d, 1863, Dr. Lucien Ingalls, of Andover, Me., and Miss H. T. Nevins, of Bedford.

PORTER—COOK.—At Hackettstown, on Thursday, May 14th, by Rev. J. Lyman Morton, of Pittsfield, N. H., Jas. M. Porter, Jr., of Easton, Pa., and Ruth P., daughter of Silas C. Cook, M.D., of Hackettstown, N. J.

SMITH—SEVERANCE. SEVERANCE—WILSON.—In Leydon, Mass, at the bride's father's, on Wednesday, May 27, by Rev. Dr. Chandler, H. O. Smith and Miss Helen M. Severance. Also, by the same, on Wednesday, May 14, 1863, Dr. Charles Earl Severance, formerly of Staten Island, N. Y., and Miss Helen M., daughter of Dr. Milo Wilson, all of Shelburne Falls, Mass.

TODD—HOUGHTON.—In Princeton, Ill., on Tuesday, May 12, by Rev. W. C. Willing, William H. Todd, M.D., of St. Stephens, N. B., and Hattie T., youngest daughter of Joseph Houghton, Esq., formerly of New York

TUCKER—HAVEMEYER.—In New York, on Friday evening, May 29, by Rev. Horace L. E. Pratt, Rector of St. Mary's Church, Castleton, S. I., Dr. Joseph C. Tucker, of San Francisco, Cal., and Miss Minnie E., daughter of Albert Havemeyer, Esq., of New York.

WRIGHT—TURPIN.—In Centreville, Md., April 29, by Rev. J. J. Murray, J. Spencer Wright and Miss Annie W. R. Turpin, daughter of Dr. Walter Turpin.

DIED.

CADY.—In this city, on the 25th ult., after an illness of five days, Annie W. Cady, daughter of Benjamin and Mary A. Welch, in the 32d year of her age.

CARTWRIGHT.—Near Jackson, Miss., May 2d, 1863, Samuel A. Cartwright, M.D., aged 72. Dr. Cartwright's name has long been familiar to the profession as a contributor to the medical journals. He made some original and interesting physiological investigations by vivisections of alligators, which, however, do not seem as yet to have made much impression on the scientific world. His contributions to the medical journals were chiefly on the Sugar House cure of Consumption, and on certain diseases peculiar to the negro race, and questions concerning his status.

COXE.—In this city, on the 11th inst., John Redman Coxe, Jr., aged 65 years. Dr. Coxe was a son of Dr. John Redman Coxe, formerly Professor of Materia Medica in the University of Penn'a, now living in this city at an advanced age.

D'ARCEY.—At Jerseyville, Ill., on the 25th inst., of congestion of the lungs, Dr. Edward A. D'Arcey, aged 67 years.

DICK.—On the 4th inst., at 11 P. M., Emma B. Dick, aged 21 years, daughter of A. Barned, Esq., wife of George H. Dick, M.D.

HOLMES.—In Cranberry, N. J., May 5th, Dr. Curtis B. Holmes, aged 39 years.

MILLER.—At Fireplace, Suffolk county, Long Island, on Thursday morning, May 7, Dr. Nathaniel Miller, aged 79 years.

MYRICK.—In Augusta, Me., May 8, Dr. Lot Myrick, æt. 72 years.

NELSON.—Near Walkersville, Frederick county, Md., April 28, Robert W. Nelson, M.D., aged 43 years, of hypertrophy of the heart.

NICHOLS.—In Kingston, Mass., on Friday, May 1, at the residence of his father, Paul L. Nichols, M.D., Martin L. Nichols, late of this city.

PIERSON.—On May 12th, on the U. S. gunboat Penobscot, off Wilmington, N. C., Dr. Edward A. Pierson, Assistant Surgeon U. S. Navy, aged 27 years.

REED.—In Washington City, May 5th, David Boswell Reed, M.D. Dr. Reed was a distinguished sanitarian. He superintended the ventilation of the new Houses of Parliament in London, and St. George's Hall, Liverpool, which latter is the only building in which his principles of ventilation were fully carried out. Several years since he published a small work entitled "Ventilation of American Dwellings," which is well worthy the attention of the profession. At the time of his death he was an Inspector in the service of the U. S. Sanitary Commission, devoting his special attention to hospital ventilation.

SCHWENK.—On the 24th ult., at Schwenksville, Pa., Dr. Samuel G. Schwenk, in the 34th year of his age.

STEPHENSON.—In New York, on Sunday, May 17, Frank B., son of Dr. M. Stephenson, aged 9 years.

WADE.—In Brooklyn, on Monday morning, May 11, Clara G., wife of T. A. Wade, M.D., aged 42 years.

METEOROLOGY.

May	25,	26,	27,	28,	29,	30,	31.
Wind	E.	S. E.	E.	E.	S. E.	S. E.	S.
Weather	Cloudy.	Cloudy.	Clear.	Clear.	Clear.	Clear. Shower.	Cloudy.
Depth Rain							
Thermometer							
Minimum	44°	46°	45°	51°	55°	58°	61°
At 8 A. M.	54	53	62	67	70	71	74
At 12 M.	61	62	74	77	76	80	81
At 3 P. M.	61	63	76	79	77	79	79
Mean	68.6	59.3	70.6	74.3	24.3	76.6	78
Barometer.							
At 12 M.	30.2	30.2	30 2	30.2	30.1	29.5	29.5

VITAL STATISTICS.

	Philadelphia. Week ending May 30.	Baltimore. Week ending May 31.	Boston. Week ending May	Providence. Month of May
Population in 1860	565,529	212,418	177,812	50,666
Mortality.				
Male	146	52	...	...
Female	111	47	...	...
Adults	122	48	...	...
Under 15 years	127	51	.....	...
Under 2 years	83	24	.....	...
Total	242	99	...	...
Deaths in 100,000	.....	.....	.....	.....
American	184	.....	...	...
Foreign	52	.....	...	...
Negro	15	19	.....	...
I.—ZYMOTIC DISEASES.				
Cholera, Asiatic	...	...	...	...
Cholera Infantum	1	...	...	...
Cholera Morbus	1	...	...	...
Croup	5	6	...	...
Diarrhœa	...	...	...	...
Diphtheria	4	2	...	...
Dysentery	...	...	...	...
Erysipelas	1	...	...	...
Fever, Intermittent	...	1	...	...
Fever, Remittent	...	...	...	...
Fever, Scarlet	10	11	...	...
Fever, Typhoid	5	1	...	...
Fever, Typhus	3	...	...	...
Fever, Yellow	...	...	...	...
Hooping-cough	2	2	...	...
Influenza	...	...	...	...
Measles	3	...	...	...
Small Pox	2	4	...	...
Syphilis	...	...	...	...
Thrush	...	...	...	...
II.—SPORADIC DISEASES.				
Albuminuria	2	...	...	...
Apoplexy	4	3	...	...
Consumption	36	16	...	...
Convulsions	16	...	...	...
Dropsy	13	3	...	...
Gun-shot Wounds	10	2	...	...
Intemperance	...	...	...	...
Marasmus	14	...	...	...
Pleurisy	...	...	...	...
Pneumonia	...	2	...	...
Puerperal Fever	1	...	...	...
Scrofula	1	...	...	...
Violence and Accidents	...	4	...	...

NOTICES.

The Medical Society of the State of Pennsylvania.

Will hold its Fourteenth Annual Session in Philadelphia, on the second Wednesday, 10th, of June, at 11, A. M.

J. H. SMALTZ,
J. M. STEVENSON,
Recording Secretaries.

Ohio State Medical Society.

The Eighteenth Annual Meeting of the Ohio State Medical Society will be held at White Sulphur Springs, on Tuesday, June 16th. *Will some member furnish us an account of the meeting for publication?*